

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 6 | 1 | | | | | |
| 7 | | 1 | | | | |
| 8 | | 2 | | | | |
| 9 | | 2 | | | | |
| 10 | 1 | | | | | |
| 11 | | 1 | | | | |
| 12 | | 3 | | | | |
| 13 | | 8 | | | | |
| 14 | 1 | | | | | |
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| TOTAL CLAIMS | | | 20 | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| TOTAL IND. | | ↓ | | ↓ | | ↓ |
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| TOTAL CLAIMS | | | | | | |